

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212511969						
1.) CORPORATION NAME: Ashland Inc.		DUE DATE: 5/31/2012						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802		SCC ID NO: F1627456						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>200,000,000</td> </tr> <tr> <td>PREFER</td> <td>30,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	200,000,000	PREFER	30,000,000
CLASS	AUTHORIZED							
COMMON	200,000,000							
PREFER	30,000,000							
4.) STATE OR COUNTRY OF INCORPORATION: VA								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 50 E RIVERCENTER BLVD PO BOX 391 CITY/ST/ZIP: COVINGTON, KY 41012-0391 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
NAME: JAMES J OBRIEN TITLE: PRESIDENT ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012-0391	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: J KEVIN WILLIS TITLE: VP - FINANCE ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012-0391	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: LINDA L FOSS TITLE: SECRETARY ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012-0391	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: KAREN L EVANS TITLE: ASST TREASURER ADDRESS: 3499 BLAZER PKWY CITY/ST/ZIP/CO: LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: LAMAR M CHAMBERS TITLE: SVP/CFO ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012-0391	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: PETER J GANZ TITLE: SENIOR VP ADDRESS: 50 E RIVERCENTER BLVD CITY/ST/ZIP/CO: COVINGTON, KY 41012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						

NAME:	SUSAN B ESLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	THEODORE L HARRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	5200 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	DUBLIN, OH 43017		
NAME:	J WILLIAMS HEITMAN JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CONTROLLER		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	SAMUEL J MITCHELL JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3499 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	JOHN E PANICHELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8145 BLAZER DRIVE		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19808		
NAME:	STEVEN E POST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1361 ALPS ROAD		
CITY/ST/ZIP/CO:	WAYNE, NJ 07470		
NAME:	PAUL C RAYMOND III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8145 BLAZER DRIVE		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19808		
NAME:	ANNE T SCHUMANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8145 BLAZER DRIVE		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19808		
NAME:	WALTER H SOLOMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3499 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	ERIC N BONI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & TREASURER		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	JOHN P GOSWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1361 ALPS ROAD		
CITY/ST/ZIP/CO:	WAYNE, NJ 07470		

NAME:	SCOTT A GREGG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	JOHN W JOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	KAREN T MURPHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5200 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	DUBLIN, OH 43017		
NAME:	FREDERICK M GREENWOOD III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	TIMOTHY S KAVANAUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8145 BLAZER DRIVE		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19808		
NAME:	STEVEN L SPALDING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3499 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40509		
NAME:	MARK A STACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	5200 BLAZER PARKWAY		
CITY/ST/ZIP/CO:	DUBLIN, OH 43017		
NAME:	LYNN P FREEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	50 E RIVERCENTER BLVD		
CITY/ST/ZIP/CO:	COVINGTON, KY 41012		
NAME:	ROGER W HALE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	218 MOCKINGBIRD GARDENS DRIVE		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40207		
NAME:	KATHLEEN A LIGOCKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NEXT AUTOWORKS COMPANY		
CITY/ST/ZIP/CO:	961 S 16TH STREET SAN DIEGO, CA 92113		
NAME:	VADA O MANAGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	APCO WORLDWIDE		
CITY/ST/ZIP/CO:	700 12TH ST NW SUITE 800 WASHINGTON, DC 20005		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY W PERRY DIRECTOR 25 WEATHERFIELD DRIVE NEWTON, PA 18940	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK C ROHR DIRECTOR ALBEMARLE CORPORATION 451 FLORIDA STREET BATON ROUGE, LA 70801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE A SCHAEFER JR. DIRECTOR 851 DELAWARE RIDGE LANE CINCINNATI , OH 45226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE M SOLSO DIRECTOR CUMMINS INC. ONE AMERICAN SQUARE SUITE 1800 INDIANPOLIS, IN 46282	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F TURNER DIRECTOR TRIANGLE X RANCH 10200 LARKSPUR LANE MOOSE, WY 83012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J WARD DIRECTOR CSX CORPORATION 500 WATER STREET C-900 JACKSONVILLE, FL 32202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN L EVANS ASST SECRETARY 3499 BLAZER PARKWAY LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ KAREN L EVANS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN L EVANS, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	4/2/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			